**Smiling Faces Academy**

**Permission and Handbook Form School Age**

I give permission to have newsletters, billing and other correspondence by email.

\_\_\_\_\_yes \_\_\_\_\_no

I give permission to have our email’s given to parents for school use only.

\_\_\_\_\_yes \_\_\_\_\_no

I give permission to have sunscreen applied to my child if necessary. Required unless

you have a doctor’s note stating otherwise.

\_\_\_\_\_yes \_\_\_\_\_no

I give permission for my child to be photographed for school use.

\_\_\_\_\_yes \_\_\_\_\_no

I give permission for my child to be included in any school photos on the web.

\_\_\_\_\_yes \_\_\_\_\_no

I have received a copy of the Handbook.

\_\_\_\_\_yes \_\_\_\_\_no

I give permission for my child to walk to/from Twin Peaks Charter for playground.

\_\_\_\_\_yes \_\_\_\_\_no

I give permission for my child to see “G” and “PG” rated videos and dvd’s or provide a list of unacceptable media.

\_\_\_\_yes \_\_\_\_\_no

I give permission for my child to go on field trips with advance notice in the school vehicles.

\_\_\_\_\_yes \_\_\_\_\_no

I give permission for my child to walk anywhere offsite for the children’s safety and drills.

\_\_\_\_\_yes \_\_\_\_\_no

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Child(ren)’s printed name Parent signature Date

**1430 A Nelson Road Longmont, CO 80501 303-532-4310**